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Examiner A. Stashick**FROM:**
Byron S. Kuzara**COMPANY:**
U.S.P.T.O.**DATE:**
November 19, 2004**FAX NUMBER:**
703-872-9306**TOTAL NO. OF PAGES:**
18**Re:**
U.S. Serial No. 09/887,523**OUR REFERENCE No.:**
005127.00094*If you do not receive all page(s) or have any problems receiving this transmission, please call:***NAME:** Lesa Wolman**PHONE:** 503-425-6800**COMMENTS:****RECEIVED**
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Byron S. Kuzara, #51,255

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Amendment (14 pages)
Fee Transmittal (1 page)
Request for Continued Examination Transmittal (1 page)

Serial No. 09/887,523
Attorney Docket No. 005127.00094

BOARD OF PATENT APPEALS
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**FEE TRANSMITTAL
for FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1522**Complete If Known**

Application Number	09/887,523
Filing Date	6/21/01
First Named Inventor	Joel L. Passke, et al.
Examiner Name	A. Stashick
Art Unit	3728
Attorney Docket No.	005127.00094

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None☒ Deposit Account:Deposit Account Number
19-0733Deposit Account Name
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☒ Charge any additional fee(s) or any underpayment of fee(s)
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	42	-16**	=	26	X	16	=	416
Independent Claims	6	-3**	=	3	X	88	=	264
Multiple Dependent	0				X	300	=	0

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$ 732)

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	820*	1804	820*	Requesting publication of SIF prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIF after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	690	2253	490	Extension for reply within third month	
1254	1,530	2254	785	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1462	110	2462	55	Petition to revive - unavoidable	
1463	1,370	2463	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1602	490	2502	245	Design issue fee	
1603	650	2503	330	Plant issue fee	
1480	130	1480	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
6021	40	6021	40	Recording each patent assignment per property (times number of properties)	
1809	780	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	780	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	790
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 790)

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Byron S. Kuzara	Registration No. (Attorney/Agent)	51,255	Telephone	503-425-6800
Signature	<i>Byron S. Kuzara</i>	Date	11/19/04		

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